2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90006 050 ***150.00

DOCUMENT # S98512

1. Entity Name

TUTOGEN MEDICAL, INC.

Principal Place of Business	Mailing Address
ROUTE 10 314 NJ 07054-507	1719 ROUTE 10 STE 314 PARSIPPANY NJ 07054-4507 US

A00200001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
925 Allwood Rd.	925 Allwood Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLIFTON NJ	City & State: CLIFTON NJ.
Zip: 07012 Country: USA.	Zip: 07012 Country: USA.

4. FEI Number 59-3100165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, JOHN R
TUTOGEN MEDICAL (US) INC
ONE PROGRESS BLVD, BOX 19 SOUTH WING
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STCF LOMBARDI, GEORGE 1719 ROUTE 10 STE 314 PARSIPPANY NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director. Favone, Robert C. 10692 E. Highland Lake. Dallas TX 75218	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DRAGONE, CHARLES 2209 RIDGEVIEW WAY BOISE ID	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO KRÜGER, Manfred. Gartenstrasse 7,	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROELKE, ELROY 8080 N CENTRAL EXPRESSWAY #210-LB 59 DALLAS TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-6-1389-Arnoldshain Hamburg, Germany.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POUKEN, THOMAS 5646 MILLAM ST STE 900 DALLAS TX 75202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELDERMAN, DR. J VANDERBILT TRANSPLANT CENTER S-3223 NASHVILLE TN 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLEVELAND, G. RUSSELL 8080 N CENTRAL EXPRESS STE 210-LB59 DALLAS TX 75206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/14/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #